



DEVELOPMENT/
PLAN REVIEW
APPLICATION

Supplemental form
SUBDIVISION **S**
____ Major Subdivision action
____ Minor Subdivision action
____ Vacation **V**
____ Variance (Non-Zoning)

SITE DEVELOPMENT PLAN **P**
____ ...for Subdivision Purposes
____ ...for Building Permit
____ IP Master Development Plan
____ Cert. of Appropriateness (LUCC) **L**

Supplemental form
ZONING & PLANNING **Z**
____ Annexation
____ County Submittal
____ EPC Submittal
____ Zone Map Amendment (Establish or Change Zoning)
____ Sector Plan (Phase I, II, III)
____ Amendment to Sector, Area, Facility or Comprehensive Plan
____ Text Amendment (Zoning Code/Sub Regs)

APPEAL / PROTEST of... **A**
____ Decision by: DRB, EPC, LUCC,
Planning Director or Staff, ZHE,
Zoning Board of Appeals

PRINT OR TYPE IN BLACK INK ONLY. The applicant or agent must submit the completed application in person to the Planning Department Development Services Center, 600 2nd Street NW, Albuquerque, NM 87102. Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements.

APPLICANT INFORMATION:

NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE _____ ZIP _____ E-MAIL: _____
Proprietary interest in site: _____ List all owners: _____
AGENT (if any): _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE _____ ZIP _____ E-MAIL: _____

DESCRIPTION OF REQUEST: _____

Is the applicant seeking incentives pursuant to the Family Housing Development Program? ____ Yes. ____ No.

SITE INFORMATION: ACCURACY OF THE LEGAL DESCRIPTION IS CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY.

Lot or Tract No. _____ Block: _____ Unit: _____
Subdiv. / Addn. _____
Current Zoning: _____ Proposed zoning: _____
Zone Atlas page(s): _____ No. of existing lots: _____ No. of proposed lots: _____
Total area of site (acres): _____ Density if applicable: dwellings per gross acre: _____ dwellings per net acre: _____
Within city limits? ____ Yes. No____, but site is within 5 miles of the city limits.) Within 1000FT of a landfill? _____
UPC No. _____ MRGCD Map No. _____
LOCATION OF PROPERTY BY STREETS: On or Near: _____
Between: _____ and _____

CASE HISTORY:

List **any** current or prior case number that may be relevant to your application (Proj., App., DRB-, AX_,Z_, V_, S_, etc.): _____

Check-off if project was previously reviewed by Sketch Plat/Plan ☐, or Pre-application Review Team ☐. Date of review: _____

SIGNATURE		DATE	
FOR OFFICIAL USE ONLY		Form revised 9/01, 3/03, 7/03, 10/03, 3/04	
(Print)		Applicant	Agent
INTERNAL ROUTING		S.F.	Fees
<input type="checkbox"/> All checklists are complete	Application case numbers	Action	\$
<input type="checkbox"/> All fees have been collected	_____ - _____	_____	\$
<input type="checkbox"/> All case #s are assigned	_____ - _____	_____	\$
<input type="checkbox"/> AGIS copy has been sent	_____ - _____	_____	\$
<input type="checkbox"/> Case history #s are listed	_____ - _____	_____	\$
<input type="checkbox"/> Site is within 1000ft of a landfill	_____ - _____	_____	\$
<input type="checkbox"/> F.H.D.P. density bonus			Total
<input type="checkbox"/> F.H.D.P. fee rebate	Hearing date _____		\$

Project # _____

Planner signature / date _____